For Office Use Only	\$120
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Application for Athletic Training Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT	Ins	tructions are found or	n page 2	2
1.	2			
1Last Name		First Name and Middle Name		
3				
Mailing Address				
4	5	E-Mail Address		
6 7 Daytime Phone (Including Area Code)	Date of Birth	8 Social Secur	 ity Number	*
9. Male Female 10. Gender (optional question) If any of your documentat	tion is in a name other than you	r current name, list the previous na	mes of reco	ord.
The following questions must be answered. If you answer "Yes" he details of the incident, (2) attach a copy of any court ordered evall official court documents regarding your conviction/malpractice even when a conviction or judgment has been deferred or expunged	valuations, showing complet e suit, including final dispo- from your record.	ion and recommendations, and sition and/or settlement. You	(3) attach	a copy
1. Been convicted, found guilty of or entered a plea of guilty or n ninor traffic violations with fines under \$500)?	no contest to a felony or mis	sdemeanor crime (Other than	res	NO
2. Had any judgments or settlements paid on your behalf as a result	t of a malpractice suit or claim	im against you?	Yes	No
3. Been investigated by a licensing, registration, or certification are certification authority or organization institute disciplinary action investigation or action was instituted by this licensing board you ma	against you related to your	professional practice? (If the	Yes	No
4. Been disciplined or sanctioned by any licensing, registration, or ofessional practice? (If this licensing board took the disciplinary and took the disciplinary and took the disciplinary and the d			Yes	No
15. Developed a medical condition which in any way impairs of easonable skill and safety? (If you are currently a participant in unswer "NO" to this question.)			Yes	No
16. Been engaged in illegal or improper use of drugs or other che participant in the Impaired Practitioner Review Committee, you may			Yes	No
General Education:				
Highest level of education attained: Bachelor M	fasters Doctorate	2		
17				
18.				
Name of professional educational institution if different from a	nhove			

Degree date

20. Successful completion of the Board of Certification (BOC) examination is required for licensure. Have you passed the BOC examination? If yes, you must submit a letter of current certification status sent directly from the BOC to the Board office.
21. Are you or have you ever been licensed, certified or registered in another state? If yes, list the two letter postal codes of the state(s) below.
I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declar under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, ar true and correct. If it is determined at any time that I have provided misleading or false information on or in support of thi application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.
I understand that I am required to update answers or information submitted herewith if the response or the information change during the time period the application is pending. I also understand that this application is a public record in accordance wit Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I hav provided on or in conjunction with this application.
*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.
Applicant must sign here in ink Date INSTRUCTIONS/CHECKLIST. Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fee have been received. The Board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4422 or paulette.lappe@idph.iowa.gov .
☐ The non-refundable application fee is \$120. Make check or money order payable to the Iowa Board of AthleticTraining.
Official transcript(s) sent directly to the Board office from the school(s).
☐ BOC letter of current certification status sent directly from BOC to the Board.
Applicants who hold or who have held an athletic training license in any other state(s) must request official verification of licensure status from each state. This must include issue date, expiration date and any pending or past disciplinary action and be sent directly from that state to the Board office.
When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.
Mail the original application, not a photocopy to:

Iowa Board of Athletic Training Bureau of Professional Licensure Lucas State Office Building, 5th Floor 321 E 12th St.

Des Moines, IA 50319-0075

www.idph.state.ia.us/licensure